9 FAM 42.66 EXHIBIT II HOW TO SELECT A PANEL PHYSICIAN AND MONITOR THE MEDICAL EXAMINATION FOR IMMIGRANT VISAS

(CT: VISA-712: 03-01-2005)

Physicians, under agreement with the Consular Section (panel physicians) of the embassy or consulate, conduct the medical examination of U.S.-bound immigrants and refugees. **Standard criteria** should be used in determining if a physician has adequate training and/or experience to be a panel physician. An **agreement of 1-year** duration is signed between the consular officer and the physician for his/her services for that time period. A model of that agreement is provided below. The **termination of a panel physician** should occur when due cause is found. Finally, the consular officer should maintain a **good relationship with the panel physician**. This usually occurs by periodic visits to his/her facility or telephone communication. At least once a year, the consular officer should perform an **evaluation of all the components of the medical examination**, including the panel physician.

- I. Standard criteria for determining if a physician should enter into agreement with the embassy/consulate to become a panel physician are:
- Make sure the need for such a physician exists. The number of examining panel physicians must be kept to a minimum; therefore, only one panel physician should be appointed for 2,000 visa applicant examinations.
- If a hospital facility is used, it is recommended that two permanent hospital staff physicians be responsible and accountable for the medical examinations of all the visa applicants. Furthermore, a co-signature by one of these permanent physicians should appear on all the Department of State medical documents (DS-2053, etc.)
- The panel physician must speak and write in English.
- The panel physician should submit a résumé or CV, showing satisfactory completion of medical education and a medical degree from a national government accredited medical school.
- The panel physician should have a full local license with no restrictions that they have used for the past 4 years.
- The panel physician should have an official governmental certificate of good standing, or the equivalent, in the medical profession, if available in the country where the physician has his/her license.

- The consular officer should obtain, two independent professional references provided by the physician.
- The consular officer should follow-up on these independent professional references with verbal contact to one of the references prior to the appointment of the panel physician.
- In selecting a panel physician, the consular officer should seek the advice of the local medical community, and medical associations and any U.S. Government physicians in the area.
- The panel physician appointment is person and location specific. If the physician moves, the appointment is reviewed rather than automatically being transferred. A need for the physician must exist.
- If another physician acts of behalf of the panel physician, the final responsibility of exam results lies with the panel physician.
- A sample signature must be given to the post to keep on file to periodically assess for fraud.
- The panel physician must be available for a minimal of 46 weeks out of 52 weeks a year. Any absence of greater than 2 weeks requires notification to the post with the recommendation of a physician to take over emergency duties during the absence of the panel physician.
- Knowledge of the stand-in physician needs to be convened to the responsible post.

Medical requirements:

- The panel physician should be adept in Primary care (pediatrics, internal medicine, or family medicine) and have specialty training or experience after graduating from medical school. Some countries do not have residency programs; therefore, on-the-job training must suffice. The panel physician must have specific competence in the diagnosis and treatment of individuals with tuberculosis and sexually transmitted diseases, and should be able to recognize mental disorders.
- The panel physician should identify a psychiatrist, if at all possible, for the referral of any individual who appears to have a mental disorder.
- The panel physician should have reliable radiology (X-ray) and serology (syphilis and HIV [human immunodeficiency virus] laboratory) facilities identified. These can either be on the premises or contracted out.
- Specialty training in pediatrics is desired for posts with large volumes of international adoptee cases.

- The panel physician should have accumulated 4 years in practice after their internship training is completed. Less than 4 years in practice would mean a probation period would be established before full panel physician status would be bestowed.
- The panel physician must agree to participate in quality control surveillance.

Facility requirements:

- The Physical plant must be acceptable; it should be at a minimum a well lit facility with an examination table, a blood pressure cuff, instruments to examine the eyes and ears (ophthalmoscope and otoscopy), and an eye chart (at 20 feet).
- E-mail or fax communication capabilities identified by the panel physician is highly desirable.
- Examinations must be given within 10 working days of the date that is asked for by the applicant.
- The panel physician must be able to verify the identity of each applicant and use fraud prevention measures at every step in the process (at time of blood draw [phlebotomy], X-ray, vaccine administration, and sputum collection).

Note: Where possible and the number of visa applicants warrant two or more, panel physicians should be of both sexes at every location.

II. Removal standards for panel physicians:

- Panel Physicians can be removed for due cause (such as fraud, loss of license, and criminal conviction). This would result in the immediate loss of appointment as panel physician. Short of this, consideration will be given to education and counsel the panel physician in areas that are deficient.
- Any complaint against a panel physician will be investigated by the consular officer, and if possible by the Division of Quarantine of the Centers for Disease Control and Prevention (DQ/CDC), and any action resulting will be communicated to CA in Washington, DC (post liaison) and DQ/CDC.
- If the post decides they no longer wish to continue the relationship with the panel physician, but does not have due cause to remove the panel physician, they can either wait until the yearly time limit on the panel physician agreement expires, then notify the panel physician that their services will not be continued by the embassy/consulate or give 90 days notice as noted in the panel physician agreement above.

III. Maintenance of the appointment for a panel physician:

- Renew the written agreement annually, usually every October 1st.
- Check that there is a current full local license with no restrictions.
- Check that there is a current official governmental certificate of good standing, or equivalent, in the medical profession, if available in the country where the physician has his/her license.

IV. The components of the medical examination, which should be evaluated by the consular officer are:

- 1. The Panel Physician's Contact with the Applicant, Consisting of Collecting Past Medical History and Performing a Physical Examination;
- 2. Determining Vaccination History and Administering Vaccines, if Necessary;
- 3. Collecting Blood Samples;
- 4. Testing for HIV Infection;
- 5. Testing for Syphilis;
- 6. Taking Chest X-Rays;
- 7. Collecting Sputum Samples, if Necessary; and
- 8. Microscopy Testing for Tuberculosis (TB).

V. Consular officers should consider three elements in their evaluation of each of the components of the Medical Examination for an Immigrant Visa:

- 1. Fraud Prevention Measures taken;
- 2. Reliability and Quality of the various components; and
- 3. Safety Measures taken while conducting the component, or Education provided to the applicant.

The following methods are the proposed Ideal by the CDC for Fraud Prevention measures by the panel physicians or their staff, the laboratory directors or their staff, or the radiologists or their staff during the medical examination process:

1. Verifying the applicant's identity by comparing the person with an official document that contains the applicant's photograph (such as a passport or official

government issued identification card).

- 2. Verifying the applicant's signature by comparing a sample signature with one from an official document containing their signature.
- 3. The applicants have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be attached to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.

Consular officers at a minimum should collect or verify the following information from the Panel Physician during any visit.

Nam	e of panel physician: (last)	(first)	
Add	ress:		
City: Country:			
Pho	ne: Fax:		
E-m	ail:		
Cur	rent CV: [] at consulate/embassy [] sent to C	DC (Fax: 40 ²	1-639-2599)
1) F	Fraud Prevention Measures		
a	Does the panel physician, or his/her staff, verify the comparing the applicant with a photograph contain		cial document?
t	Does the panel physician, or his/her staff, verify the using a sample produced in from of him/her with a document containing the applicant's signature?	_	* *
	Straff in the Same	[] Yes	[] No
2) F	Reliability and Quality Measures		
a	Can the panel physician readily show you his/her of <i>Instructions?</i>	copy of the Te	
	instructions:	[] 1 03	[] 110
b) Does the examination room have an exam table?	[] Yes	[] No
c) Does the room have a blood pressure cuff?	[] Yes	[] No

3)	"L	"Look at 20 Random Medicals":					
		Of the 20 1. Past Medical History arked?	sections, ho	ow many workshe	ets have a Yes		
		Of the 20 2. Physical Examination ood pressure) lines completed?			eets have BP		
		Of the 20 2. Physical Examination normal) marked?	n sections, h	ow many worksho	eets have a A (for		
	d)	d) How many physicians at the site perform physical examinations? If more than one, get current CVs from the other doctors. Keep one copy at the consulate/embassy and send one copy to CDC (Fax: 404-639-2599).					
	e) Are copies of the Medical History and Physical Examination Works (Form DS-3026) and three worksheets (Forms DS-3024, 3025, and 302 a secure area?						
				[] Yes	[] No		
	f)	Are the copies kept in an organized	d manner?	[] Yes	[] No		
4)	Sa	fety Measures—none requested:					
Ad	diti	onal comments on your evaluation of	of the panel	physician:			
Co the	nsu pe	etermining Vaccination History and lar officers at a minimum should conson(s) determining the vaccine history and during any visit.	llect or verif	y the following in	formation from		
~F1							
ph	ysic	of person responsible of vaccinatician): (last)	(first)				
Ad	dre	ess:					
Cit	t y:	C	ountry:				
ľh F	one mai	::F8	ıx:				
1 □-1	ıııal	il:					
1)	Fra	aud Prevention Measures					

9 FAM 42.66 Exhibit II Page 6 of 18

	a)	Does the panel physician, or his/her staff, verify the icomparing the applicant with a photograph contained	•	nent'.	? No
	b)	Does the panel physician, or his/her staff, verify the susing a sample produced in from of him/her with a signocument containing the applicant's signature?			
			[] Yes	[]	No
	c)	Are there official personal vaccine records (or cards) [] Yes [] No	used by the governm	nent'	?
	d)	What vaccine records (or cards) do the panel physicia	nn, or his/her staff, a	ссер	t?
2)	Re	liability and Quality Measures			
		Are the vaccines kept in a refrigerator onsite?	[] Yes	[]	No
	11)	i) Is food kept in the refrigerator?	[] Yes	[]	No
		ii) Is there a working thermometer in the refrigerator	? [] Yes	[]	No
		iii) Is there a logbook for recording refrigerator temperature and in the second secon	eratures?		
		(1) 10	[]Yes		No
		(1) If yes, are there entries in the logbook?	[] Yes	LJ	No
		iv) Are there more than one power outage a month at	•		
		If yes,	[] Yes	LJ	No
		(1) Is there a backup generator?	[] Yes	[]	No
		(2) Did you see the generator?	[] Yes	[]	No
If vaccines are stored onsite, examine 5 or more randomly identified vaccines (preferably in different boxes or whatever way the site stores the vaccines): d) What percentage of vaccines is within expiration date (date is located on side of					
		vial, if examining 5 vials and 1 vial is expired—20%	of the viais are expi	rea)	<i>!</i>
3)		fety Measures taken and Education provided applicant Are disposal needles and syringes used?	s] Yes [] N	o	
	b)	Are needles recapped after being used?] Yes [] N	0	
	c)	Are the used needles and syringes disposed of in the	general trash (or garl] Yes [] N	_)?

	d)	Is a copy of the Vaccination Documentation Wo applicant?	rksheet (DS- [] Yes	-
	e)	How many copies of the Vaccination Documenta given to the applicant?		neet (DS-3025) are
Ad	lditi	onal comments on your evaluation of the vaccination	on component	:
_				
2.	Co	ollecting Blood Samples		
		lar officers at a minimum should collect or verify the rson(s) collecting blood samples from applicants du		
par (la If t	nel p st)_ the s	of person responsible of blood sampling the approphysician or director of the laboratory): (first) same, which: [] panel physician [] lab directors:	rector	
Ci	ty: _	ess:Country:		
Ph	one	:: Fax: l:		
	Fra a)	Does the panel physician, or his/her staff (or lab d the identity of the applicant comparing the applicant in an official document? Does the panel physician, or his/her staff (or lab d the signature of the applicant using a sample produsing a signature from an official document containing the	int with a pho [] Yes irector or his/ aced in from 6 e applicant's s	tograph contained [] No her staff), verify of him/her with a
	c)	Is a code number used <u>only</u> on the blood tube (<u>not</u>	the applicant	's name)? [] No
2)		liability and Quality Measures Are there dedicated blood drawing stations?	[] Yes	[] No
	b)	Who does the blood drawing? [] panel physician [] lab technician [] other, specify:		
3)	Sa	fety Measures		

	a) Are gloves used?	[] Yes	[] No
	b) Are disposal needles used?	[] Yes	[] No
	c) Are needles recapped after being used?	[] Yes	[] No
	d) Are the used needles disposed of in the general	l trash (or garbag [] Yes	*
Ad	ditional comments on your evaluation of the blood	drawing:	
Coı	Testing for HIV Infection nsular officers at a minimum should collect or verify HIV laboratory for applicants during any visit.	fy the following i	nformation from
	me of laboratory director:		
	st)(first)		
Ad	dress:		
Cit	ty: Country:		
Pho E	one: Fax:		
Ŀ-r	mail:		
1)	Fraud Prevention Measures—none requested		
2)	Reliability and Quality Measures		
	 a) If the 1st test is positive, is a 2nd test done? b) If the 2nd test is positive, is a 3rd test done? 		Yes [] No
	b) If the 2 nd test is positive, is a 3 rd test done?	[]	Yes [] No
	c) For the 1 st test, i) What is the name? ii) What is the brand?		
	d) For the 2 nd test, i) What is the name? ii) What is the brand?		
	e) For the 3 rd test, i) What is the name? ii) What is the brand?		
	f) Are any of these tests kept in a refrigerator?	[]	Yes [] No

		If yes: i) Is food kept in the refrigerator?	[] Yes [] No
		ii) Is there a working thermometer in the refrigerator?	[]Yes[]No
		iii) Is there a logbook for recording refrigerator temperatur	res? []Yes[]No
		(1) If yes, are there entries in the logbook?	[]Yes[]No
		iv) Are there more than one power outage a month at the fa	acility? []Yes[]No
		If yes, (1) Is there a backup generator? (1) Did you see the generator?	[] Yes [] No [] Yes [] No
of		ne 3 or more randomly identified HIV tests for the 1 st , 2 nd , a ere they are stored (preferably in different boxes or whatever es):	
	e)	What percentage of 1 st tests is within expiration date (date box, if examining 3 tests and 1 is expired—33% are expire	
	h)	What percentage of 2 nd tests is within expiration date (date box, if examining 3 tests and 1 is expired—33% are expire	
	i)	What percentage of 3 rd tests is within expiration date (date box, if examining 3 tests and 1 is expired—33% are expire	
3)	Sat	fety Measures	
		Are gloves used?	[] Yes [] No
	b)	Are white laboratory coats used?	[] Yes [] No
	c)	Is laboratory waste disposed of in the general trash (or garb	oage)? []Yes[]No
Ad	lditi	onal comments on your evaluation of the HIV testing:	

4. Testing for Syphilis

Consular officers at a minimum should collect or verify the following information from the syphilis laboratory for applicants during any visit.

		(first)			
Ad	ldre	ess: (4133)			_
Ci	ty: _	Country:			_
ΡII	one	:гах:			
E -1	mai	l:			
1)	Fra	aud Prevention Measures—none requested			
2)	Re	liability and Quality Measures			
		If the 1 st test is positive, is a 2 nd test done? If the 2nd test is positive, is a 3rd test done?	[] Yes [] Yes		
	c)	For the 1 st test, i) What is the name? ii) What is the brand?			
	d)	For the 2 nd test, i) What is the name? ii) What is the brand?			
	e)	For the 3rd test, i) What is the name? ii) What is the brand?			
	f)	Are any of these tests kept in a refrigerator? If yes:	[] Yes		
		i) Is food kept in the refrigerator?ii) Is there a working thermometer in the refrigerator?iii) Is there a logbook for recording refrigerator temperature	es?	[]	No
		If yes, are there entries in the logbook?	[] Yes [] Yes		
		iv) Are there more than one power outage a month at the fa	acility? [] Yes	[]	No
		If yes, (1) Is there a backup generator? (2) Did you see the generator?	[]Yes		

Examine 3 or more randomly identified syphilis tests for the 1^{st} and 2^{nd} tests (preferably in different boxes or whatever way the site stores the vaccines):

	g) What percentage of 1 st tests is box, if examining 3 tests and 1 is		
	h) What percentage of 2 nd tests is box, if examining 3 tests and 1 is	-	•
	i) Is the temperature of the room 85° Fahrenheit?	n where the syphilis testing	ng is done between 65° and [] Yes [] No
3)	Safety Measures		
	a) Are gloves used?		[] Yes [] No
	b) Are white laboratory coats use	ed?	[] Yes [] No
	c) Is laboratory waste disposed of	of in the general trash (or	garbage)? [] Yes [] No
Ac	lditional comments on your evaluat	tion of the syphilis testin	g:
5.	Taking Chest X-Rays		
hε	nsular officers at a minimum shoule person(s) taking chest X-rays of a		
	me of radiologist:	(° 1)	
la	st)	_ (first)	
a. Ci	ldress: ty:	Country:	
	one:	Fax:	
	mail:	<u> </u>	
1)	Fraud Prevention Measures		
	a) Does the radiologist, or his/he comparing the applicant with a ph		

	sample produced in from of him/her with a signature?	
Do	oes the applicant have direct access to the chest X-	-ray at any time:
	a) While he/she is at the radiology facility?	[] Yes [] No
	b) After the film is read and before it is taken to	the embassy/consulate? [] Yes [] No
	ote: Access to film that is first placed in a sealed eross the flap and then double sealed with tape is	
Ex	c) Is the applicant's name placed on the film in image or inedible ink)?	•
2)	Reliability and Quality Measures	
	a) Is the X-ray machine under a service contractb) If yes, were you shown the last record of the	
	c) What is the make and production country of the	ne X-ray machine?
	d) What is the age of the X-ray machine? e) What is the age of the X-ray tube? f) Does a machine process the film (it maybe d If yes, i) What is the make and production country	one manually)? [] Yes [] No
	ii) What is the age of the film-processing m	achine?
	g) Is the film used to take chest X-rays of application 17in x 17in (43in x 43in)?	cants 14in x 17in (35mm x 43mm) or [] Yes [] No
3)	Safety Measures a) Are lead apron shields available at the radiol b) If yes, who is given a lead shield (check all t [] radiology technicians, [] women who look pregnant, [] women who say they maybe pregnant, [] women of childbearing age.	

	c)	Do the radiology technicians wear radiation badges? [] Yes [] No
Ado	liti	onal comments on your evaluation of the chest X-rays:
6.	Co	ollecting Sputum Samples, if Necessary
		lar officers at a minimum should collect or verify the following information from atum collection site for applicants during any visit.
		of laboratory director (if different from the panel physician or director of the aboratory):
(las	t)_	(first)same, which: [] panel physician [] lab director
If th	ie s	same, which: [] panel physician [] lab director
Ado	dre	Country:
City	y: _	Country:
F _n	лце nai	l:rax:
15-11	1141	··
1)	Fra	aud Prevention Measures
	a)	Does the panel physician, or his/her staff (or lab director or his/her staff), verify the identity of the applicant comparing the applicant with a photograph contained in an official document? [] Yes [] No
	b)	Does the panel physician, or his/her staff (or lab director or his/her staff), verify the signature of the applicant using a sample produced in from of him/her with a signature from an official document containing the applicant's signature? [] Yes [] No
	c)	Is a code number used <u>only</u> on the sputum cup (<u>not</u> the applicant's name)? [] Yes [] No

2)	Re	eliability and Quality Measures	
	a)	Is the sputum sample collected under direct supervision of staff?	Yes []No
	b)	What time of day is the sputum collected?	163 [] 110
		[] anytime[] in the mornings sometimes	
		[] in the mornings only	
		[] in the afternoons sometimes	
	,	[] in the afternoons only	Y
	c)		Yes [] No
	u)	Is the sputum collection cup clear?	Yes [] No
3)	Sat	afety Measures	
	De if (escribe the location where the sputum sample is collected (including only applicants or staff are around)?	ng details such as
		<i>y</i>	
7.	Mi	icroscopy Testing for Tuberculosis (TB)	
~			
		alar officers at a minimum should collect or verify the following in B microscopy laboratory for applicants during any visit.	itormation from
uic	; 1 D	5 incroscopy laboratory for applicants during any visit.	
Na		e of laboratory director (if different from director of the HIV laboratory	
	st)_		
At Ci	ldre tw	ess: Country:	
C1 Ph	iy: _	Country: e:Fax:	
E-	mai	il:	
1)	Fra	aud Prevention Measures—none requested	
2)	Re	eliability and Quality Measures	
	a)	Are new slides used for each specimen?	[] Yes [] No
Ex	ami	ine 10 or more randomly identified microscope slides with specim	ens.
		What percentage of the slides is labeled with a name or number?	
	c)	Are commercial or homemade stains (liquids of blue, purple, or [] commercial stains [] homemade stains	red color) used?
	d)	If commercial stains, are the stains in any bottles with an expired	l date?
	<i>→,</i>	comes with the complete	[]Yes []No
	e)	Are the stains in brown bottles?	[]Yes []No
		Are the stains stored away from sunlight?	[] Yes [] No

	g)	Is there a logbook with the results of reading the slides?	[] Yes [] No
	h)	Does the microscope light work (have the technician turn the microshow you that the light is sent to a slide)?	oscope on and [] Yes [] No
3)	Sat	fety Measures—none requested	
Ac	lditi	onal comments on your evaluation of the TB microscopy lab:	

Internet Resources for Consular Staff

International Health and Travel

http://www.cdc.gov/travel

Health information and recommendations for international travelers, including the following areas:

Disease risks in specific travel destinations
Disease specific information and travel and prevention recommendations
Recommendations for travel with children
Vaccinations
Safe food and water
Outbreaks of concern for the international traveler

Also included in the site:

- -Travelers Health Information Hotline: voice: 877-FYI-TRIP, and for requesting information by fax: 888-232-3299
- -Electronic copy of the "Yellow Book", *Health Information for International Travelers http://www.cdc.gov/travel/yb/*)

Tuberculosis

http://www.cdc.gov/nchstp/tb/faqs/qa.htm

Information and resource material on tuberculosis infection and disease, including answers to frequently asked questions about tuberculosis.

HIV/AIDS

http://www.cdc.gov/hiv/pubs/facts.htm

Information and resource material about HIV/AIDS, including HIV testing, transmission, prevention, and vaccine research.

Vaccinations

http://www.cdc.gov/nip

Information and resource material on vaccines, vaccine recommendations, vaccine information statements, vaccine fact sheets, vaccine safety issues, and answers to frequently asked questions about vaccinations.

Included at this website under http://www.cdc.gov/nip are several important resources:

Quick Reference Materials

- -Immunization Schedules for Adults and Children
- -VISs (Vaccine Information Statements)*
- ACIP Statements (Recommendations of the Advisory Committee on Immunization Practices)
- * for Vaccine Information Statements translated into other languages, see website at http://www.immunize.org/vis/

Publications

-"Epidemiology and Prevention of Vaccine-Preventable Diseases" textbook, the "Pink Book"

Important information on overseas vaccination information is contained in the appendices of this book

under the following sections:

<u>Foreign Terms for Vaccines and Vaccine-Preventable Diseases</u> Routine Childhood Vaccines (by Country)

Leprosy

http://www.who.int/lep

Information and resource materials about leprosy: global distribution, epidemiology, diagnosis, treatment and elimination of the disease.